



60TH MDG COMPOSITE HEALTH CARE SYSTEM REGISTRATION FORM



SPONSOR'S NAME (Last, First MI)		SSN	TODAY'S DATE (Day#/Mon#/Year####)	
DATE OF BIRTH (Day/Mon/Year)	Ethnic Origin	Religion	SEX (Circle One): MALE € FEMALE •	
ADDRESS	CITY	STATE	ZIP CODE	
RANK	SERVICE BRANCH (Circle One): AF, ARMY, CG, NAVY, MC / PHS / NOAA / CONTRACT, GS, NAF / OTHER		DUTY STATUS(Circle One): ACTIVE DUTY / AD RESERVE / NATIONAL GUARD / RESERVE / RETIRED / UN RE- MARRIED SPOUSE (Orders required for activated Reservest)	
GROUP/SQUADRON/UNIT ASSIGNED/ZIP CODE	HOME / CELL PHONE	DUTY PHONE		
WOULD YOU LIKE TO BE AN ORGAN DONOR? (Circle One): YES NO UNDECIDED		AFSC / RATING	LENGTH OF SVC	

DEPENDENT SPOUSE'S NAME (Last, First MI)	HOME / CELL PHONE 0	DATE OF BIRTH (Day#/Mon#/Year####)
ADDRESS IF DIFFERENT FROM ABOVE		
SSN	ORGAN DONOR? IN SVC? / PRIOR SVC?/ BRANCH YES NO UNDECIDED	1st, 2nd, 3rd, SPOUSE? YES NO

DEPENDENT'S NAME (Last, First MI)	DATE OF BIRTH (Day/Mon/Year)	SSAN	SEX M/F	1 st 2 nd 3 rd DEP CHILD	ORGAN DONOR Y/N/U

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Today's Date	Initials